## JUN 12 2006 11:52 FR PROSKAUER ROSE LRECENED47 9481 TO 7601#62130001#57 P.04 CENTRAL FAX CENTER

## JUN 12 2006

PTO/SB/122 (09-04)

Approved for use through 07/31/2008. OMB 0651-0035

U.S. Patent and Tredemark Omce; U.S. DEPARTMENT OF COMMERCE

If the projection of information unless it displays a valid OMB control number.

| Under the Paperwork Reduction Act of 1995, no persons are required to   | respond to a collection of informatio | n unless it displays a valio OMB college trailiber. |
|---|---------------------------------------|---|
| CHANGE OF CORRESPONDENCE ADDRESS Application  | Application Number                    | 10/569,510  |
|   | Filing Date                           | February 27, 2006                                   |
|   | First Named Inventor                  | Hans SIGRIST et al.                                 |
| Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450  | Art Unit                              | Unassigned  |
|   | Examiner Name                         | Unnassigned   |
|   | Attorney Docket Number                | 62130-0036  |
| Please change the Correspondence Address for the above-identified patent application to:  |                                       |   |
|   |                                       |   |
| The address associated with Customer Number:  | 61263                                 |   |
| OR  |                                       |   |
| Firm or Individual Name   |                                       |   |
| PROSKAUER ROSE LLP  |                                       |   |
| Address 1001 Pennsylvania Avenue, NW<br>Suite 400 South   |                                       |   |
| City Washington   | State<br>D.C.                         | Zip 20004   |
| Country U.S.A.  |                                       |   |
| Telephone (202) 416-6800  | Fax (202) 416-6899                    |   |
| This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). |                                       |   |
| I am the:   |                                       |   |
| Applicant/Inventor  |                                       |   |
| Assignee of record of the entire interest.  |                                       |   |
| Statement under 37 CFR 3.73(b) Is enclosed. (Form PTO/SB/96).   |                                       |   |
| Attorney or agent of record. Registration Number 33,715   |                                       |   |
| Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number                                 |                                       |   |
| Signature   |                                       |   |
| Typed or Printed John P. tsacson  |                                       |   |
| Date June 12, 2008  | Telephone (202) 416-6                 |   |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.     |                                       |   |
| Total of1forms are submitted.   |                                       |   |